



ACE INHIBITORS PA SUMMARY

PREFERRED	All generic ACE Inhibitors (except perindopril), Benazepril, Captopril, Enalapril, Enalaprilat, Epaned (requires PA for age 12 and older), Fosinopril, Lisinopril, Moexipril, Quinapril, Ramipril, Trandolapril
NON-PREFERRED	Aceon, Perindopril

LENGTH OF AUTHORIZATION: 1 Year

NOTE: *Physicians discharging a member from an inpatient facility stable and responding to a non-preferred agent should request prior authorization as part of the patient's discharge planning. If generic perindopril is approved, the PA will be entered for the brand product, Aceon.*

PA CRITERIA:

For Non-Preferred ACE Inhibitors

- ❖ Member must have experienced ineffectiveness, allergies, contraindications, drug-to-drug interactions, or history of intolerable side effects to at least 2 of the preferred products.

For Epaned

- ❖ Approvable for members less than 12 years of age.
- ❖ Approvable for members 12 years of age or older who are unable to swallow solid dosage forms of medication.

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **Catamaran at 1-866-525-5827**.

PA and APPEAL PROCESS:

- ❖ For online access to the PA process please go to www.mmis.georgia.gov/portal, highlight the pharmacy link on the top right side of the page, and click on "prior approval process".

QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the current Quantity Level Limit please go to www.mmis.georgia.gov/portal, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services Part II and select that manual.